



FIRE PROTECTION WORK APPLICATION

JANESVILLE FIRE DEPARTMENT - FIRE PREVENTION BUREAU
303 MILTON AVENUE, JANESVILLE, WI 53545

608-755-3056

PLAN # _____

*Submit PDF in addition to paper copies.
Make payment to: City of Janesville

CONTACT INFO	Company Name	Contact Name	Address	Phone #	E-Mail
Applicant:					
Property Owner:					
Contractor:					
Designer:					

PROJECT LOCATION BUILDING ADDRESS:	SUITE #	Project/Work Area:	square feet
		Fire Alarm; # of devices: _____ (notification, initiation, FACP)	

DESCRIPTION OF PROPOSED PROJECT/SCOPE OF WORK:			Type of Work:	Fee Schedule (**Minimum \$50.00**)
Project: (check one)	Construction Type:	Occupancy Type: **Circle Subgroup	Sprinkler System	Sprinkler System
<input type="checkbox"/> New System	____ IA ____ IIIA/B	Assembly 1-2-3-4-5 Institutional 1-2-3-4	Wet ____ Preaction	\$50.00/test x ____ tests = \$ _____
<input type="checkbox"/> Addition	____ IB ____ IV	Business/Office Merchandise/Retail	Dry ____ Fire Pump	
<input type="checkbox"/> Alteration/Repair	____ IIA ____ VA	Education Residential 1-2-3-4	Other _____	Fire Alarm System/Detectors
Other: _____	____ IIB ____ VB	Factory 1 -High Hazard Storage 1 -Moderate Hazard	Fire Alarm System	\$2.00/device x ____ devices = \$ _____
Sprinkler Tests \$50.00ea	Has work begun?	Factory 2 -Low Hazard Storage 2 -Low Hazard	24-Hour Battery Test	Clean Agent System
____ Underground	____ Yes ____ No	Hazard 1-2-3-4-5 Utility/Miscellaneous	FACP/Dialer	\$50.00/test x ____ tests = \$ _____
____ Hydrostatic	General Information:		Initiation/Notification	Kitchen Hood Suppression
____ Backflow	Double permit fees apply for failing to obtain a permit prior to work. \$2,000.00 max.		Detectors	\$50.00/hood x ____ hoods = \$ _____
____ Trip/Air	\$100.00 Reinspection Fee will apply to any work which is not completed.		____ Duct	Spray Booth
____ Fire Pump	Fees are designated in City of Janesville General Ordinance 15.01.140.		____ Door Release/Elevator	\$50.00/booth x ____ booths = \$ _____
Other: _____	Fees are capped per Act 20, effective June 30, 2013.		Other _____	Hazard Alarm
Sprinklering:	Submit to DSPS or DHS **Provide copy of conditional approval letter.**		Clean Agent System	\$2.00/device x ____ devices = \$ _____
(Circle one)	Y N	New fire alarm or sprinkler system? DSPS	____ Room Integrity	Local Plan Review
Partial	Y N	Addition/Alteration of more than 20 alarm devices? DSPS	____ Trip/Alarm Interconnection	\$0.01 x ____ sq.ft. = \$ _____
Complete	Y N	Addition/Alteration of more than 20 sprinkler heads? DSPS	Kitchen Hood	(Maximum \$5,000.00)
None	Y N	Spray booth or kitchen hood connected to sprinkler system? DSPS	Function/Trip/Alarm	<input type="checkbox"/> Not Required - DSPS or DHS reviewed.
	Y N	CBRF, Hospice, Hospital, Nursing Home, Institution	Spray Booth	**Provide copy of conditional approval.
The applicant agrees to comply with the Wisconsin Administrative Codes and the City of Janesville General Ordinances and with the conditions of this application. The applicant further understands that the conditional approval of requested work creates no legal liability, expressed or implied, for the City of Janesville. The applicant certifies the information submitted is accurate. The applicant agrees to allow the Fire Department and Building & Development Services personnel the right to inspect the property for code compliance during normal business hours. The applicant states that he/she has the property owner's authority to execute this agreement and work.			Locking Arrangement	TOTAL \$ _____
			Access-Controlled	Min. \$50.00
			Delayed Egress	
			Hazard Alarm System	
			Initiation/Notification	
Trip/Alarm Interconnection				
X _____			Approved by: _____	
APPLICANT SIGNATURE			(rev 3-2018)	
DATE				
Please print or type name				